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TRANSMITTAL FORM		Application Number	10/661,165
		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Art Unit	1634
		Examiner Name	E. Whisenant
Total Number of Pages in This Submission	13	Attorney Docket Number	543312000420

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Request for Refund	1. Communication Regarding Supplemental Information Disclosure Statement filed August 20, 2007 (2 pages)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	2. Copy of Supplemental Information Disclosure Statement filed on August 20, 2007 (6 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Landscape Table on CD	3. Auto-Reply Facsimile Transmission from the U.S. Patent and Trademark Office dated August 22, 2007 (1 page)
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)	
Signature	/Alicia J. Hager/	
Printed name	Alicia J. Hager	
Date	October 19, 2007	Reg. No. 44,140

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Ravinder S. DHALLAN

Application No.: 10/661,165

Confirmation No.: 7501

Filed: September 11, 2003

Art Unit: 1634

For: METHODS FOR DETECTION OF
GENETIC DISORDERS

Examiner: E. Whisenant

**COMMUNICATION REGARDING
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
FILED AUGUST 20, 2007**

Mail Stop Issue Fee
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

On August 20, 2007, we fax-filed a Supplemental Information Disclosure Statement with the U.S. Patent and Trademark Office (PTO) and received an Auto-Reply Facsimile Transmission from the PTO indicating receipt of same for the above-referenced patent application. The Notice of Allowance for this application was mailed on September 26, 2007, but did not include an Examiner initialled PTO/SB/08a/b for the Supplemental Information Disclosure Statement filed on August 20, 2007. We have checked Private PAIR and this Supplemental Information Disclosure Statement does not appear of record. Examiner Whisenant confirmed by voicemail on October 15, 2007, that this Supplemental Information Disclosure Statement has not been entered and would need to be refiled in order to be considered.

Therefore, submitted herewith are copies of the originally fax-filed Supplemental Information Disclosure Statement, as well as confirmation from our facsimile machine and the PTO's confirmation that this fax was received.

Applicant would appreciate the Examiner initialing and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 543312000420.

Dated: October 19, 2007

Respectfully submitted,

Electronic signature: /Alicia J. Hager/
Alicia J. Hager
Registration No.: 44,140
MORRISON & FOERSTER LLP
755 Page Mill Road
Palo Alto, California 94304-1018
(650) 813-4296

):Auto-reply fax to 650 813 993 COMPANY:



Auto-Reply Facsimile Transmission

COPY

TO: Fax Sender at 650 813 5993
 Fax Information
 Date Received: 8/20/2007 4:41:11 PM [Eastern Daylight Time]
 Total Pages: 8 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

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Cover
Page
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08/20/2007 10:41 FAX 650 813 5993		KODIKA SHEN	0001								
MORRISON & FOERSTER <small>TRAILER BRANCH, MIAMI 1000 ALTO CALIFORNIA 94404-3000 TELEPHONE (305) 638-5100 FACSIMILE (305) 638-47792 WWW.MFO.COM</small> <small>MANAGERS & PROFESSIONALS 1000 TRAILER, 11TH FLOOR 1000 AMERICA, 1100 ALTO, SAN FRANCISCO, CALIFORNIA 94111-3000 REPRESENTATIVE: VERA VITZ, WILLIAM GREEN, CHRISTOPHER THOMAS, LINDSEY, KIRKWOOD, MCKEE, COOPER, BURGESS</small>											
To: <table border="1"> <tr> <td>NAME: <input type="text"/></td> <td>Facsimile: <input type="text"/></td> <td>Telephone: <input type="text"/></td> </tr> <tr> <td>Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office</td> <td>571-273-8300</td> <td>571-272-0754</td> </tr> </table> FROM: Alicia J. Hager DATE: August 20, 2007 <table border="1"> <tr> <td>Number of pages with cover page: 8</td> <td>Originals Will Not Follow</td> </tr> </table> Preparer of this slip has confirmed that facsimile number given is correct: 10852/faxd				NAME: <input type="text"/>	Facsimile: <input type="text"/>	Telephone: <input type="text"/>	Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754	Number of pages with cover page: 8	Originals Will Not Follow
NAME: <input type="text"/>	Facsimile: <input type="text"/>	Telephone: <input type="text"/>									
Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754									
Number of pages with cover page: 8	Originals Will Not Follow										
Comments: <small>Attorney Docket No.: 543312005420 Group Art Unit: 1634 Examiner: C. WILSON Application No.: 11/651,155 Filed: September 11, 2003 Inventor: Ravinder S. DHALLAN Title: METHODS FOR DETECTION OF GENETIC DISORDERS</small>											
Papers attached: <ol style="list-style-type: none"> 1. Transmittal (1 page) 2. Few Transmittal plus duplicates for fee processing (2 pages) 3. Supplemental Information Disclosure Statement (3 pages) 4. Form PTO/SB/18a/b (1 page) <hr/> <small>To ensure compliance with requirements imposed by the United States Patent and Trademark Office, Morrison & Foerster LLP informs you that, if any exhibit containing trade secrets or other confidential information is contained in this facsimile (including any attachments), it is to be treated as confidential and cannot be copied. If the recipient of this facsimile does not have a U.S. Patent and Trademark Office (PTO) processing, marketing or referencing, or is involved party any innovations or products referenced herein, please advise immediately by telephone or facsimile and inform us promptly by mail.</small>											
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JUL 22 2007

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WALNUT CREEK, CENTURY CITY

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SHANGHAI, HONG KONG,
SINGAPORE, BRUSSELS

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NAME:	FACSIMILE:	TELEPHONE:
Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754

FROM: Alicia J. Hager

DATE: August 20, 2007

Number of pages with cover page:	8	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 10852/say4

Comments:

Attorney Docket No.: 543312000420
Group Art Unit: 1634
Examiner: E. Whisenant
Application No.: 11/661,165
Filed: September 11, 2003
Inventor: Ravinder S. DHALLAN
Title: METHODS FOR DETECTION OF GENETIC DISORDERS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal plus duplicate for fee processing (2 pages)
3. Supplemental Information Disclosure Statement (3 pages)

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Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754

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Attorney Docket No.: 543312000420
 Group Art Unit: 1634
 Examiner: E. Whisenant
 Application No.: 11/661,165
 Filed: September 11, 2003
 Inventor: Ravinder S. DHALLAN
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4. Form PTO/SB/08a/b (1 page)

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TRANSMITTAL FORM

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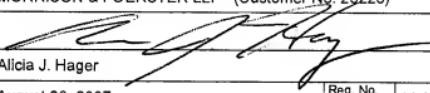
Total Number of Pages in This Submission

	Application Number	10/661,165
	Filing Date	September 11, 2003
	First Named Inventor	Ravinder S. DHALLAN
	Art Unit	1634
	Examiner Name	E. Whisenant
Total Number of Pages in This Submission	7	Attorney Docket Number

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form plus duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Form PTO/SB/08a/b (1 page)
<input checked="" type="checkbox"/> Information Disclosure Statement (Supplemental – 3 pages)	<input type="checkbox"/> CD, Number of CD(s) _____	2. Fax Cover Sheet
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Alicia J. Hager	Reg. No.	44,140
Date	August 20, 2007		

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 180.00)

Complete if Known

Application Number	10/661,165
Filing Date	September 11, 2003
First Named Inventor	Ravinder S. DHALLAN
Examiner Name	E. Whisenant
Art Unit	1634
Attorney Docket No.	543312000420

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number:	03-1952	Deposit Account Name:	Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Small Entity Fee (\$)	Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100	0.00	
Design	200	100	100	50	130	65	0.00	
Plant	200	100	300	150	160	80	0.00	
Reissue	300	150	500	250	600	300	0.00	
Provisional	200	100	0	0	0	0	0.00	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity**Fee (\$)****Fee (\$)****Fees Paid (\$)**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
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180 - 336 = 0	x 25.00 = 0.00			
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
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4 - 9 = 0	x 100.00 = 0.00				
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	125.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00

SUBMITTED BY

Signature			Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager		Date	August 20, 2007		

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL For FY 2007		Application Number	10/661,162
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Examiner Name	E. Whisenant
		Art Unit	1634
TOTAL AMOUNT OF PAYMENT (\$)		(\$)	
180.00		Attorney Docket No.	
543312000420			

METHOD OF PAYMENT (check all that apply)				
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account:		Deposit Account Number:		03-1952
				Deposit Account Name: Morrison & Foerster LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
<i>DUPLICATE COPY FOR FEE PROCESSING</i>							
<u>Fee Description</u>							<u>Small Entity</u>
Each claim over 20 (including Reissues)							Fee (\$)
Each independent claim over 3 (including Reissues)							Fee (\$)
Multiple dependent claims							Fee (\$)
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			<u>Fee (\$)</u>
180 - 338 = 0	0	x 25.00	= 0.00				0.00
HP = highest number of total claims paid for, if greater than 20.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>			<u>Fee Paid (\$)</u>
4 - .9 = 0	0	x 100.00	= 0.00	180.00			0.00
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
100 - 100 = 0	0	/50 = (round up to a whole number) x		125.00	0.00		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1806 Submission of an Information Disclosure Statement</u> <u>180.00</u>							
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager			Date			August 20, 2007